

NJ-REG

(5-03)

STATE OF NEW JERSEY
DIVISION OF REVENUE**BUSINESS REGISTRATION APPLICATION**Please read instructions carefully before filling out this form
ALL SECTIONS MUST BE FULLY COMPLETED**MAIL TO:**CLIENT REGISTRATION
PO BOX 252
TRENTON, NJ 08646-0252**OVERNIGHT DELIVERY:**CLIENT REGISTRATION
847 ROEBLING AVENUE
TRENTON, NJ 08611**FAX:**

(609) 292-4291

REGISTRATION DETAIL

A. Please indicate the reason for your filing this application (Check only one box)

- ☐ Original application for a new business
☐ Application for a new location of an existing business
☐ Amended application for an existing business
☐ Moved previously registered business to new location (REG-C-L can be used in lieu of NJ-REG)

Name and NJ Registration Number of your existing business: _____

B. FEIN # OR Soc. Sec. # of Owner ☐ Check Box if "Applied for"C. Name _____
(If INCORPORATED - give Corp. Name; IF NOT - give Last Name, First Name, MI of Owner, Partners)

D. Trade Name _____

E. Business Location: (Do not use P.O. Box for Location Address)

Street _____

City _____ State Zip Code

(Give 9-digit Zip)

(See instructions for providing alternate addresses)

F. Mailing Name and Address: (if different from business address)

Name _____

Street _____

City _____ State Zip Code

(Give 9-digit Zip)

BUSINESS DETAIL

G. Beginning date for this business in New Jersey _____ / _____ / _____ (see instructions)
month day year

O/C _____

H. Type of ownership (check one):

- ☐ NJ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Out-of-State Corporation ☐ LLP ☐ Other _____
☐ Limited Partnership ☐ S Corporation ☐ LLC (1065 Filer) ☐ LLC (1120 Filer) ☐ LLC (Single Member)

I. New Jersey Business Code (see instructions)J. County / Municipality Code (see instructions) K. County _____
(New Jersey only)L. Will this business be open all year? ☐ Yes ☐ No

If NO - Circle months business will be open:

JAN FEB MAR

APR MAY JUN

JUL AUG SEPT

OCT NOV DEC

M. IF A CORPORATION, complete the following:

Date of Incorpor. _____ / _____ / _____
month day yearState of Incorporation Fiscal month Is this a Subsidiary of another corporation? ☐ YES ☐ NO

NJ Business/Corp. #

If YES, give name & Federal ID# of parent _____

N. Standard Industrial Code (If known)O. NAICS (If known)

P. Provide the following information for the owner, partners or responsible corporate officers. (If more space is needed, attach rider.)

OWNERSHIP DETAIL

NAME (Last Name, First, MI)	SOCIAL SECURITY NUMBER TITLE	HOME ADDRESS (Street, City, State, Zip)	PERCENT OF OWNERSHIP

BE SURE TO COMPLETE NEXT PAGE

FEIN#: _____ NAME: _____

NJ-REG

Each Question Must Be Answered Completely

1. a. Have you or will you be paying wages, salaries or commissions to employees working in New Jersey within the next 6 months? ☐ Yes ☐ No
Give date of first wage or salary payment: _____ / _____ / _____
Month Day Year
If you answered "No" to question 1.a., please be aware that if you begin paying wages you are required to notify the Client Registration Bureau at PO Box 252, Trenton NJ 08646-0252, or phone (609)-292-1730.
- b. Give date of hiring first NJ employee: _____ / _____ / _____
Month Day Year
- c. Date cumulative gross payroll exceeds \$1,000 _____ / _____ / _____
Month Day Year
- d. Will you be paying wages, salaries or commissions to New Jersey residents working outside New Jersey? ☐ Yes ☐ No
- e. Will you be the payer of pension or annuity income to New Jersey residents? ☐ Yes ☐ No
- f. Will you be holding legalized games of chance in New Jersey (as defined in Chapter 47 Rules of Legalized Games of Chance) where proceeds from any one prize exceed \$1,000? ☐ Yes ☐ No
2. Did you acquire ☐ Substantially all the assets; ☐ Trade or business; ☐ Employees; of any previous employing units? ☐ Yes ☐ No
If answer is "No", go to question 4.
If answer is "Yes", indicate by a check whether ☐ in whole or ☐ in part, and list business name, address and registration number of predecessor or acquired unit and the date business was acquired by you. (If more than one, list separately. Continue on separate sheet if necessary.)
- | Name of Acquired Unit _____ | N.J. Employer ID _____ | ACQUIRED | PERCENTAGE ACQUIRED |
|-----------------------------|------------------------|--|---------------------|
| _____ | _____ | <input type="checkbox"/> Assets | _____ % |
| _____ | _____ | <input type="checkbox"/> Trade or Business | _____ % |
| _____ | _____ | <input type="checkbox"/> Employees | _____ % |
| Address _____ | Date Acquired _____ | | |
| _____ | _____ | | |
3. Subject to certain regulations, the law provides for the transfer of the predecessor's employment experience to a successor where the whole of a business is acquired from a subject predecessor employer, unless the successor protests within four months from date of acquisition.
The transfer of the employment experience is required by law if the predecessor and successor units are owned or controlled by each other or by the same interests.
Are the predecessor and successor units owned or controlled by the same interests? ☐ Yes ☐ No
Do you protest the transfer of the employment experience which may affect your contribution rate? ☐ Yes ☐ No
4. Is your employment agricultural? ☐ Yes ☐ No
5. Is your employment household? ☐ Yes ☐ No
a. If yes, please indicate the date in the calendar quarter in which gross cash wages totaled \$1,000 or more _____ / _____ / _____
Month Day Year
6. Are you a 501(c)(3) organization? ☐ Yes ☐ No
7. Were you subject to the Federal Unemployment Tax Act (FUTA) in the current or preceding calendar year? ☐ Yes ☐ No
(See instruction sheet for explanation of FUTA) If "Yes", indicate year: _____
8. a. Does this employing unit claim exemption from liability for contributions under the Unemployment Compensation Law of New Jersey? ☐ Yes ☐ No
If "Yes," please state reason. (Use additional sheets if necessary.) _____

- b. If exemption from the mandatory provisions of the Unemployment Compensation Law of New Jersey is claimed, does this employing unit wish to voluntarily elect to become subject to its provisions for a period of not less than two complete calendar years? ☐ Yes ☐ No
9. Type of business ☐ 1. Manufacturer ☐ 2. Service ☐ 3. Wholesale
☐ 4. Construction ☐ 5. Retail ☐ 6. Government
Principal product or service in New Jersey only _____
Type of Activity in New Jersey only _____
10. List below each place of business and each class of industry in New Jersey, even though you may have only one place of business or engage in only one class of industry.
- a. Do you have more than one employing facility in New Jersey ☐ Yes ☐ No

NJ WORK LOCATIONS (Physical location, not mailing address)		NATURE OF BUSINESS (See Instructions)			No. of Workers at Each Location and/in Each Class of Industry
Street Address, City, Zip Code	County	NAICS Code	Principal Product or Service Complete Description	%	

(Continue on separate sheet, if necessary)

BE SURE TO COMPLETE NEXT PAGE

Each Question Must Be Answered Completely

11. a. Will you collect New Jersey Sales Tax and/or pay Use Tax? ☐ Yes ☐ No
 GIVE EXACT DATE YOU EXPECT TO MAKE FIRST SALE _____ / _____ / _____
 Month Day Year
- b. Will you need to make exempt purchases for your inventory or to produce your product? ☐ Yes ☐ No
- c. Is your business located in (check applicable box(es)):
- | | |
|---|---|
| <input type="checkbox"/> Atlantic City | <input type="checkbox"/> Salem County |
| <input type="checkbox"/> North Wildwood | <input type="checkbox"/> Wildwood Crest <input type="checkbox"/> Wildwood |
- d. Do you have more than one location in New Jersey that collects New Jersey Sales Tax? (If yes, see instructions) ☐ Yes ☐ No
- e. Do you, in the regular course of business, sell, store, deliver or transport natural gas or electricity to users or customers in this state whether by mains, lines or pipes located within this State or by any other means of delivery? ☐ Yes ☐ No
12. Do you intend to sell cigarettes? ☐ Yes ☐ No
Note: If yes, complete the REG-L form in this booklet and return with your completed NJ-REG.
 To obtain a cigarette retail or vending machine license complete the form CM-100 on page 45.
13. a. Are you a **distributor** or **wholesaler** of tobacco products other than cigarettes? ☐ Yes ☐ No
 b. Do you purchase tobacco products other than cigarettes from outside the State of New Jersey? ☐ Yes ☐ No
14. Are you a manufacturer, wholesaler, distributor or retailer of "litter-generating products"? See instructions for definition of "Retailer." ☐ Yes ☐ No
15. Are you an owner or operator of a sanitary landfill facility or a solid waste facility in New Jersey? ☐ Yes ☐ No
 IF YES, indicate D.E.P. Facility # and type (See instructions) _____
16. a. Do you operate a facility that has the total combined capacity to store 200,000 gallons or more of petroleum products? .. ☐ Yes ☐ No
 b. Do you operate a facility that has the total combined capacity to store 20,000 gallons (equals 167,043 pounds) of hazardous chemicals? ☐ Yes ☐ No
 c. Do you store petroleum products or hazardous chemicals at a public storage terminal? ☐ Yes ☐ No
 Name of terminal _____
17. a. Will you be involved with the sale or transport of motor fuels and/or petroleum? ☐ Yes ☐ No
Note: If yes, complete the REG-L form in this booklet and return with your completed NJ-REG.
 To obtain a motor fuels retail or transport license complete and return the CM-100 in this booklet.
- b. Will your company be engaged in the refining and/or distributing of petroleum products for distribution in this State or the importing of petroleum products into New Jersey for consumption in New Jersey? ☐ Yes ☐ No
- c. Will your business activity require you to issue a Direct Payment Permit in lieu of payment of the Petroleum Products Gross Receipts Tax on your purchases of petroleum products? ☐ Yes ☐ No
18. Will you be providing goods and services as a direct contractor or subcontractor to the state, its agencies or to casino licensees? ☐ Yes ☐ No
19. List any other New Jersey State taxes for which this business may be eligible (see instructions).

20. Telephone Numbers: Contact Person _____ Title _____
 Daytime: () _____ - _____ Ext. _____ Evening: () _____ - _____ Ext. _____
 Signature of Owner, Partner or Officer _____
 Title _____ Date _____

- NO FEE REQUIRED TO FILE THIS FORM -

IF YOU ARE A SOLE PROPRIETOR OR A PARTNERSHIP WITHOUT EMPLOYEES

STOP HERE

IF YOU HAVE EMPLOYEES PROCEED TO
 THE STATE OF NJ NEW HIRE REPORTING FORM ON PAGE 29

IF YOU ARE FORMING A CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR A LIMITED LIABILITY PARTNERSHIP YOU MUST CONTINUE ANSWERING APPLICABLE QUESTIONS ON PAGES 23 AND 24

**PLEASE NOTE THAT IF YOU ARE A
SOLE PROPRIETOR OR A PARTNERSHIP
THAT THE FOLLOWING INFORMATION
DOES NOT PERTAIN TO YOU**

IMPORTANT NOTICE: If you have already filed a new business certificate with our Commercial Recording/Corporate Filing Unit, you need only fill out pages 17-19 of the NJ-REG booklet. In addition, you will need to complete the State of New Jersey New Hire Reporting Form if you have employees. There is no need to complete the following form (pages 23 and 24 of the package) if you have successfully filed with Commercial Recording.

Applicants who are registering as a New Business Entity (corporation, limited liability company, limited partnership or a limited liability partnership) and have not already filed with Commercial Recording/Corporate Filing Unit, must complete the attached Public Records Filing for New Business Entity document (pages 23 and 24) in addition to form NJ-REG.

Please note that the Public Records Filing should be submitted prior to the completion of the NJ-REG to establish the business entity. However, form NJ-REG must be submitted within 60 days of filing the business entity.

PUBLIC RECORDS FILING FOR NEW BUSINESS ENTITY
(Fee Required)

Fill out all information below INCLUDING INFORMATION FOR ITEM 11, and sign in the space provided. Please note that once filed, this form constitutes your original certificate of incorporation/formation/registration/authority, and the information contained in the filed form is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

1. Business Name:

2. Type of Business Entity: ____ ____ ____
(See Instructions for Codes, Page 21, Item 2)

3. Business Purpose :
(See Instructions, Page 22, Item 3)

4. Stock (Domestic Corporations only; LLCs and Non-Profit leave blank):

5. Duration (If Indefinite or Perpetual, leave bank):

6. State of Formation/Incorporation (Foreign Entities Only):

7. Date of Formation/Incorporation (Foreign Entities Only):

8. Contact Information:

Registered Agent Name: _____

Registered Office:

(Must be a New Jersey street address)

Main Business or Principal Business Address:

Street _____ Street _____

City _____ Zip _____ City _____ State _____ Zip _____

9. Management (Domestic Corporations and Limited Partnerships Only)

- For-Profit and Professional Corporations list initial Board of Directors, minimum of 1;
- Domestic Non-Profits list Board of Trustees, minimum of 3;
- Limited Partnerships list all General Partners.

Name	Street Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The signatures below certify that the business entity has complied with all applicable filing requirements pursuant to the laws of the State of New Jersey.

10. Incorporators (Domestic Corporations Only, minimum of 1)

Name	Street Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature(s) for the Public Record (See instructions for Information on Signature Requirements)

Signature	Name	Title	Date
_____	_____	_____	_____
_____	_____	_____	_____

Public Records Filing for New Business Entity (continued)

11. Additional Entity - Specific Information

A. Domestic Non-Profit Corporations (Title 15A) - For IRS exemption considerations, see instructions.

- The corporation shall have members: ☐ Yes ☐ No
If yes, qualification shall be:
☐ As set forth in the by-laws or, ☐ As set forth herein:

- The rights and limitations of the different classes of members shall be:
☐ As set forth in the by-laws or, ☐ As set forth herein:

- The method of electing the trustees shall be:
☐ As set forth in the by-laws or, ☐ As set forth herein:

- The method of distribution of assets shall be:
☐ As set forth in the by-laws or, ☐ As set forth herein:

B. Foreign Corporations - Profit, Non-Profit and Foreign Legal Professional (Titles 14A and 15A)

Attach a certificate of good standing/existence from the state of incorporation not greater than 30 days old to this form.

C. Limited Partnerships (Title 42:2A)

- Set forth the aggregate amount of cash and a description and statement of the agreed value of other property or services contributed (or to be contributed in the future) by all partners:

- Do the limited partners have the power to grant the right to become a limited partner to an assignee of any part of their partnership ☐ Yes ☐ No
If yes, list the terms/conditions of that power:

- Do the limited partners have the right to receive distributions from a partner which includes a return of all or any part of the partner's contributions? ☐ Yes ☐ No
If yes, list the applicable terms:

- Do the general partners have the right to make distributions to a partner which includes a return of all or any part of the partner's contributions? ☐ Yes ☐ No
If yes, list the applicable terms:

- What are the rights of the remaining general partners to continue the business in the event that a general partner withdraws? List below:

D. Foreign Limited Partnerships (Title 42:2A)

- Set forth the aggregate amount of cash and a description and statement of the agreed value of other property or services contributed (or to be contributed in the future) by all partners: